

Maine Department of Inland Fisheries and Wildlife
Sales Agent Enrollment Application

Municipality (Instructions on back)

Section 1 Agent Information

1 Municipality Name <input type="checkbox"/> Town Clerk <input type="checkbox"/> Other <input type="checkbox"/> Tax Collector		2 Agent Name	
3 Agency Physical Address (Street/Road City State Zip)		4 Current Agent Number(s)	
5 Agency Mailing Address (PO Box/ R.R. etc. City State Zip Country if other than U.S.)		6 Agent Fax #	
7 Agency Legal Town State	8 Agent Telephone # & Ext.	9 Agent E-mail Address	

Section 2 Municipality Information

10 Municipal Name		11 Municipality Telephone # & Ext.		12 Municipality Fax #	
13 Appointing Officer Position		14 Appointing Officer Contact Telephone # & Ext.		15 Appointing Officer E-Mail	
16 Appointing Officer Contact Address (Street/PO Box City State Zip Country if other than U.S.)					
17 If boat registration agent, list any other electronic agencies and agent #'s who are authorized to collect your excise tax.				Agent Name (s) _____ Agent Number (s) _____	

Section 3 Municipality Business Information

18 <input type="checkbox"/> Electronic Agent <input type="checkbox"/> Manual Agent (Payment by check only)		19 This Municipality Services: <input type="checkbox"/> Anyone <input type="checkbox"/> Town Residents only																									
20 Agency Open All Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Last day of Business Week. _____ If No - Date open _____ Date Closed _____ If Seasonal, date new year supplies to be shipped. _____																											
21 <input type="checkbox"/> Open 24 hours - 7 days a week <input type="checkbox"/> Open Mon.-Fri. 8:00 - 5:00 <input type="checkbox"/> Other - Complete Table at Right ➡		Show opening time and closing time for each day you are open. <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th></th> <th>Sun</th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> <th>Sat</th> </tr> <tr> <td>Open</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Close</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Open								Close							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat																				
Open																											
Close																											
22 Check all sales types you are requesting to handle. <input type="checkbox"/> Licenses <input type="checkbox"/> Boat Reg, New & renewal <input type="checkbox"/> Snowmobile Reg. new & renewal <input type="checkbox"/> ATV Reg. new & renewal <input type="checkbox"/> Non Resident Snowmobile Reg. <input type="checkbox"/> Boat Reg, renewal only <input type="checkbox"/> Snowmobile Reg. renewal only <input type="checkbox"/> ATV Reg. renewal only																											

Section 4 Billing/Account Information

23 Payment method: (circle) <div style="display: flex; justify-content: space-around;"> ELECTRONIC PAYMENT CHECK </div>		24 If Electronic Payment, who initiates withdrawal? <input type="checkbox"/> I F & W <input type="checkbox"/> Agent	
25 Banking Institution:		26 Bank Fax #	
27 Telephone # (area code) (phone number) (ext.)		29 Contact Name for Billing	
28 Bank Address Mailing Address City State Zip		31 Telephone # & Ext. for Contact Person	
30 Name Shown on Bank Account Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		34 Attach voided check to this application.(see instructions)	
32 Account #		33 ABA Routing / Transit #	

If Electronic Payment is circled above and Department is to initiate account withdrawal, I authorize the Department to make withdrawals from the account identified above and authorize the financial institution to charge such withdrawals made to my listed account. The amount of each weekly withdrawal made will be equal to the amount shown on my weekly invoice of which I will maintain a record. Adjusting entries to correct errors are also authorized.

It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the national and local Automated Clearing House Associations. I understand that this authorization will remain in effect until fourteen days advance notice of termination or change of account is given to the Department.

I further certify the foregoing information provided is correct to the best of my knowledge.

Agent Signature _____ Date _____
 Signature Appointing Officer _____ Date _____

Business / Corporation (Instructions on back)